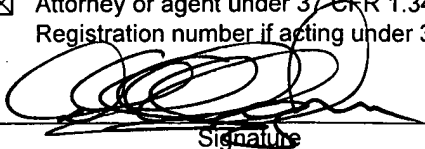




Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Docket Number (Optional) 1067-285
Application Number	10/815,595	Filed April 1, 2004
For	INDICATOR APPARATUS AND METHOD FOR A VEHICLE USING SIDE-EMITTING LIGHT-EMITTING DIODE	
Art Unit	2636	Examiner Hoi Ching Lau
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60 \$ _____
<input checked="" type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225 \$ <u>450.00</u>
<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510 \$ _____
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795 \$ _____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.	03/22/2006 HTECKLUI 00000000 10815595 01 FC:1252	450.00 DP
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> Applicant/inventor.		
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input type="checkbox"/> Attorney or agent of record. Registration Number: _____		
<input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>57,783</u>		
 Signature		March 20, 2006 Date
Douglas G. Gallagher Typed or Printed Name		(317) 634-3456 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.		
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.		

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

Application Number	10/815,595
Filing Date	April 1, 2004
First Named Inventor	Newel L. Stephens
Examiner Name	Hoi Ching Lau
Art Unit	2636
Attorney Docket No.	1067-285

FREE TRANSMITTAL **For FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$450.00)
METHOD OF PAYMENT (check all that apply)

- ☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	=-20	x	=0

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	=-3	x	=0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100	=	/50 = (round up to a whole number)	x	0

4. OTHER FEE(S)

2 Month Petition for Extension of Time

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

57,783

Telephone

(317) 634-3456

Name (Print/Type)

Douglas G. Gallagher

Date

March 20, 2006

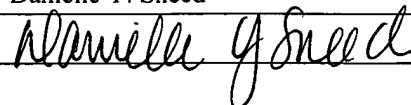
CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mailing Label No. EV 746140856 US, on the date indicated below.

Name (Print/Type)

Danielle Y. Sneed

Signature



Date

March 20, 2006